

Wacker Silicones Corporation

WACKER

US EPA RECORDS CENTER REGION 5



1004988

Wacker Silicones Corporation
3301 Sutton Road
Adrian, MI 49221-9397
(517) 264-8500
Fax (517) 264-8246

NOV 12 1991

U. S. EPA, REGION V
SWB — PMS

November 5, 1991

Ms. Sharon Kiddon
RCRA Notification Coordinator
Waste Management Division
US EPA
Region V
RCRA Activities
P. O. Box A3587
Chicago, Illinois 60690

Re: EPA ID # MID 075 400 671

Dear Ms. Kiddon:

We have received your acknowledgment of our name change request, attached.

However, the legal owner is not Gordon Philbrook. The legal owner is Wacker Chemical Corporation, which in turn is owned by Wacker Chemie GmbH of West Germany.

Yours truly,

WACKER SILICONES CORPORATION

Gordon C. Philbrook

Gordon C. Philbrook
Administrator,
Environmental Regulations

CC: S. Etter
R. Koehler

REC-2313A



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

OCT 30 1991

OCT 17 1991

WACKER SILICONES CORP
ATTN GORDON PHILBROOK
3301 SUTTON RD
ADRIAN, MI 49221

RE: EPA ID #: MID075400671

In response to your request of 8-26-91 the following
information has been updated:

Name of Installation to	WACKER SILICONE CORPORATION
Installation mailing address to	3301 SUTTON RD
Installation contact to	GORDON PHILBROOK
Installation legal owner	GORDON PHILBROOK
Location of installation	3301 SUTTON RD

If you have any questions, please contact me at (312) 886-6173.

Sincerely,

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

DEC 31 1991

WACKER SILICONES CORP
ATTN: G. PHILBROOK
3301 SUTTON RD
ADRIAN, MI 49221

RE: EPA ID #: MID 075 400 671

In response to your request of 11 05 91 the following
information has been updated:

Legal owner to WACKER CHEMICAL CORP

If you have any questions, please contact me at (312) 886-6173.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sharon Kiddon".

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File

Wacker Silicones Corporation

WACKER

Wacker Silicones Corporation
3301 Sutton Road
Adrian, MI 49221-9397
(517) 264-8500
Fax (517) 264-8246

August 26, 1991

RECEIVED

AUG 28 1991

U. S. EPA, REGION V
SWB — PMS

US EPA Region V
RCRA Activities
Waste Management Division
P.O. Box A 3587
Chicago, IL 60690

RE: MID 075 400 671

Gentlemen:

On April 24, 1987 and May 14, 1987 we notified you by letters (attached) of our name change and ownership change.

However, during a recent visit from staff of the Michigan Department of Natural Resources, it was pointed out that we were still listed as Stauffer-Wacker Silicones Corporation in the U.S. EPA records.

It was suggested that the best way to record the change was to submit a Notification of Regulated Waste Activity, EPA form 8700-12(also attached).

If you have any questions, please call me at 517 - 264-8361.

Yours truly,

WACKER SILICONES CORPORATION

Gordon C. Philbrook

Gordon Philbrook
Administrator,
Environmental Regulations

Certified

CC: Mr. Martin Jacobson
MDNR, Jackson Office
Certified



Stauffer-Wacker
Silicones Corporation

3301 SUTTON ROAD
ADRIAN, MI 49221-9397
(517) 263-5711

May 14, 1987

U.S. EPA, Region V
RCRA Activities
P.O. Box A3587
Chicago, IL 60690

Re: MID 075 400 671

Dear Sir or Madam:

This letter is to notify you that Stauffer-Wacker Silicones Corporation will be 100% owned by Wacker Chemical Corporation, effective about May 15, 1987.

The new corporate name will be Wacker Silicones Corporation.

Tentatively, there is no anticipated change in management personnel, so there will be very little change in the method of operation.

Yours truly,
STAUFFER-WACKER
SILICONES CORPORATION

Gordon C. Philbrook
Environmental Control Coordinator

GCP:pb
87-51

cc: G. F. Lengnick

9/22/87

Changes were sent
to Data Entry

RECEIVED

MAY 18 1987

JWD - MJD
U.S. EPA, REGION V

GCP:2



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

230 SOUTH DEARBORN ST.

CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

5HE-12

APR 24 1987

Mr. Joseph Calamungi
Stauffer Wacker Silicones Corp.
3901 Sutton Rd.
Adrian, MI 49221

EPA ID Number: MID-075-400-671

Re: Requirements for Generators,
Marketers and Burners of
Hazardous Waste and Used
Oil Fuels

Dear Mr. Calamungi:

This letter acknowledges that the United States Environmental Protection Agency (U.S. EPA) has received your Notification of Hazardous Waste Activity as required by the new Waste-As-Fuel regulations. These regulations were published in the November 29, 1985, Federal Register and apply to persons who generate, market, transport, or burn hazardous waste fuel or used oil fuel.

The following information highlights the administrative requirements for persons subject to the current Waste-As-Fuel regulations promulgated on November 29, 1985, in 40 CFR (Code of Federal Regulations) Part 266, Subparts D and E.

GENERATORS

Persons Generating Hazardous Waste Fuel. Generators that send their hazardous waste to a hazardous waste fuel marketer are subject to the 40 CFR Part 262 generator standards [see 40 CFR 266.32(a)]. Generators that market their hazardous waste fuel directly to burners are subject to both the 40 CFR Part 262 standards and the hazardous waste fuel marketer requirements [see 40 CFR 266.32(b)]. Generators that are burners are also subject to 40 CFR 266.35.

Persons Generating Used Oil Fuel. Used oil generators are exempt from the current Waste-As-Fuel regulations unless they: (1) market off-specification used oil fuel directly to a burner, or (2) burn off-specification used oil for energy recovery. Generators marketing directly to a burner are subject to 40 CFR 266.43. Generators burning off-specification used oil fuel are subject to 40 CFR 266.44.

MARKETERS

Persons Marketing Hazardous Waste Fuel. Persons who market hazardous waste fuel include the following: (1) generators marketing hazardous waste fuel directly to a burner, (2) persons who receive hazardous waste from generators and produce, process, or blend hazardous waste fuel, and (3) persons who distribute but do not process or blend hazardous waste fuel. Hazardous waste fuel marketers are required to have notified U.S. EPA of their hazardous waste fuel activities, have a U.S. EPA Identification Number, and market only to persons who have notified U.S. EPA and who burn the fuel only in industrial furnaces, industrial boilers, or utility boilers. These marketers are also required to comply with manifest requirements, certification of compliance with burning standards, recordkeeping requirements, and storage standards [see 40 CFR 266.34].

Persons Marketing Used Oil Fuel. 40 CFR 266.43 describes to whom the regulations for used oil marketing apply. The same requirements for persons marketing hazardous waste fuel apply to off-specification used oil fuel marketers, except for the manifest and storage requirements [see 40 CFR 266.43].

TRANSPORTERS

Persons Transporting Hazardous Waste Fuel. Persons who transport hazardous waste fuel are subject to the 40 CFR Part 263 standards for hazardous waste transporters. These persons are required to notify U.S. EPA of their Waste-As-Fuel activities. However, they are not required to renotify U.S. EPA of their hazardous waste transportation activities if they have already done so.

Persons Transporting Used Oil Fuel. Persons who transport used oil fuel, both on-specification and off-specification, are currently exempt from the Waste-As-Fuel regulations.


BURNERS

Persons Burning Hazardous Waste Fuel. Owners and Operators of industrial furnaces, industrial boilers and utility boilers that burn hazardous waste fuel are subject to the following: (1) notification to U.S. EPA of hazardous waste fuel activities, (2) manifest requirements, (3) certification with burner standards, (4) recordkeeping requirements, and (5) storage standards. Burners must also comply with the prohibitions on use in non-industrial boilers [see 40 CFR 266.35].

Persons Burning Used Oil Fuel. Owners and Operators of industrial furnaces, industrial boilers and utility boilers are subject to the same requirements as Hazardous Waste Fuel Burners except for the manifest and storage standards [see 40 CFR 266.44].

If you have any questions concerning this letter or the Waste-As-Fuel regulations, please contact either Ms. Shirlee Brauer at (312) 886-4591, or Ms. Laura Lodisio at (312) 886-7090 or the RCRA/Superfund Hotline at (800) 424-9436.

Sincerely,


Basil G. Constantelos, Director
Waste Management Division

Enclosure



Stauffer-Wacker
Silicones Corporation

3301 SUTTON ROAD
ADRIAN, MI 49221-9397
(517) 263-5711

April 24, 1987

RECEIVED

APR 28 1987

U.S. EPA, REGION V

U. S. EPA, Region V
RCRA Activities
P. O. Box A3587
Chicago, IL 60690

Re: MID 075 400 671

Dear Sir or Madam:

This letter is to notify you that a letter of intent has been signed for the purchase of the portion of Stauffer-Wacker Silicones Corporation now owned by Stauffer Chemical Company.

Wacker Chemical Corporation, which has had about 49% ownership of Stauffer-Wacker Silicones Corporation since December, 1974, will have 100% ownership. It is expected that the transaction will be completed by May 15, 1987.

The new corporate name has not been announced, but it probably will be Wacker Silicones Corporation.

Tentatively, there is no anticipated change in management personnel, so that there will be very little change in the method of operation.

Please note that our company is satisfying the financial responsibility for environmental liability coverage by means of the "financial test" method, with independently audited financial statements. This status will not change.

Yours truly,
STAUFFER-WACKER
SILICONES CORPORATION

Gordon C. Philbrook
Environmental Control Coordinator

GCP:pb
87-40

cc: G. F. Lengnick

GCP 72



**Stauffer-Wacker
Silicones Corporation**

3301 SUTTON ROAD
ADRIAN, MI 49221-9397
(517) 263-5711

RECEIVED

APR 30 1986

April 14, 1986

**SWS - AIS
U.S. EPA, REGION V**

Ms. Mary Villarreal
RCRA Activities
US EPA, Region V
P. O. Box A3587
Chicago, Illinois 60690-3587

Re: Stauffer-Wacker Silicones Corporation
MID075400671

Dear Ms. Villareal:

As per our recent correspondence, enclosed is the revised Part A application, which reflects our company's recent name change. Our former name was SWS Silicones Corporation.

If there are any questions, please contact me at the number listed above, extension 361.

Yours truly,

STAUFFER-WACKER SILICONES CORPORATION

Gordon C. Philbrook
Environmental Control Coordinator

GCP:pb 86-55 (4 sets)

cc: J. Calamungi
G. F. Lengnick
D. McGrade

CCTV |

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F M I D 0 7 5 4 0 0 6 7 1 </div>
LABEL ITEMS <div style="border: 1px solid black; padding: 2px;"> I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION </div>		PLEASE PLACE LABEL IN THIS SPACE	
II. POLLUTANT CHARACTERISTICS			
<p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p>			
SPECIFIC QUESTIONS		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	YES NO FORM ATTACHED <div style="border: 1px solid black; padding: 2px;"> 16 17 18 </div>	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	YES NO FORM ATTACHED <div style="border: 1px solid black; padding: 2px;"> 19 20 21 </div>
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	YES NO FORM ATTACHED <div style="border: 1px solid black; padding: 2px;"> 22 23 24 </div>	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	YES NO FORM ATTACHED <div style="border: 1px solid black; padding: 2px;"> 25 26 27 </div>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	YES NO FORM ATTACHED <div style="border: 1px solid black; padding: 2px;"> 28 29 30 </div>	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	YES NO FORM ATTACHED <div style="border: 1px solid black; padding: 2px;"> 31 32 33 </div>
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	YES NO FORM ATTACHED <div style="border: 1px solid black; padding: 2px;"> 34 35 36 </div>	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	YES NO FORM ATTACHED <div style="border: 1px solid black; padding: 2px;"> 37 38 39 </div>
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	YES NO FORM ATTACHED <div style="border: 1px solid black; padding: 2px;"> 40 41 42 </div>	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	YES NO FORM ATTACHED <div style="border: 1px solid black; padding: 2px;"> 43 44 45 </div>
III. NAME OF FACILITY			
<div style="border: 1px solid black; padding: 2px;"> 1 SKIP STAUFFER-WACKER SILICONES CORPORATION </div>			
IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
<div style="border: 1px solid black; padding: 2px;"> 2 CALAMUNGI, JOSEPH, DIR OF MAN </div>		<div style="border: 1px solid black; padding: 2px;"> 5 1 7 2 6 3 5 7 1 1 </div>	
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
<div style="border: 1px solid black; padding: 2px;"> 3 3301 SUTTON ROAD </div>			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
<div style="border: 1px solid black; padding: 2px;"> 4 ADRIAN </div>		<div style="border: 1px solid black; padding: 2px;"> MI </div>	<div style="border: 1px solid black; padding: 2px;"> 4 9 2 2 1 </div>
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
<div style="border: 1px solid black; padding: 2px;"> 5 SAME </div>			
B. COUNTY NAME			
<div style="border: 1px solid black; padding: 2px;"> LENA WEE </div>			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
<div style="border: 1px solid black; padding: 2px;"> 6 </div>		<div style="border: 1px solid black; padding: 2px;"> 11 12 13 </div>	<div style="border: 1px solid black; padding: 2px;"> 14 15 16 </div>

Submitted 4/15/86
Revision No: 2
A

* See Attachment A

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 2 8 2 1 (specify) SILICONE MATERIALS										7 2 8 2 2 (specify) SILICONE RUBBER									
C. THIRD										D. FOURTH									
7 2 8 9 1 (specify) SILICONE SEALANTS										7 2 8 6 9 (specify) SILICONE FLUIDS									

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?				
8 STAUFFER-WACKER SILICONES CORPORATION																														<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify) 36										5 1 7 2 6 3 5 7 1 1									

E. STREET OR P.O. BOX																													
3301 SUTTON ROAD																													

F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
B A D R I A N															M I					4 9 2 2 1					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N M I 0 0 2 6 0 3 4															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R M I D 0 7 5 4 0 0 6 7 1															(specify) See Attachment B														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of Silicone Products, including Fluids, Sealants, Rubbers and Emulsions.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
G. F. Lengnick President																														4/15/86									

COMMENTS FOR OFFICIAL USE ONLY

C.																													

Submitted
Date: 4/15/86
Revision No. 2
A

STAUFFER -WACKER SILICONES CORPORATION

Attachment A

There may be rain runoff discharges possibly subject to NPDES requirements. The extent to which such storm water discharges should be subject to permitting requirements is presently under discussion with EPA.

STAUFFER-WACKER SILICONES CORPORATION

Attachment B

Michigan Air Permits

210-75

211-75

441-75

375-76

957-79

37-81

84-81

257-81

494-81

597-81

628-81

658-81

777-81

184-82

337-82

383-82

486-82

525-82

240-83

CONTINUE ON REVERSE

Continued from the front.

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Submitted 4/15/86

Revision 2

A

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																						
3	W	M	I	D	0	7	5	4	0	0	6	7	1	5	W	DUP						13	14	15	16	17	18	19	20	21	22	23	24	25	26

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																				
				27	28	29	30	31	32	33	34																					
1	F 0 0 2	550,000	P	S 0 1	S 0 2																											
2	F 0 0 2	20,000	P	S 0 1																												
3	F 0 0 3	30,000	P	S 0 1																												
4	E 0 0 3	40,000	P	S 0 1	S 0 2																											
5	D 0 0 1	544,000	P	S 0 1	S 0 2																											
6	D 0 0 2	140,000	P	S 0 1																												
7	D 0 0 1																															included with above
8																																
9																																
10																																
11																																
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

Submitted 4/15/86

Revision No. 2

A

EPA I.D. NO. (enter from page 1)

F	M	I	D	0	7	5	4	0	0	6	7	1	T/A/C
													16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	1	5	6	4	8	N
45	46	47	48	49	50	51

8	3	5	7	1	3	W
72	73	74	75	76	77	78

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

G. F. Lengnick



4/15/86

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

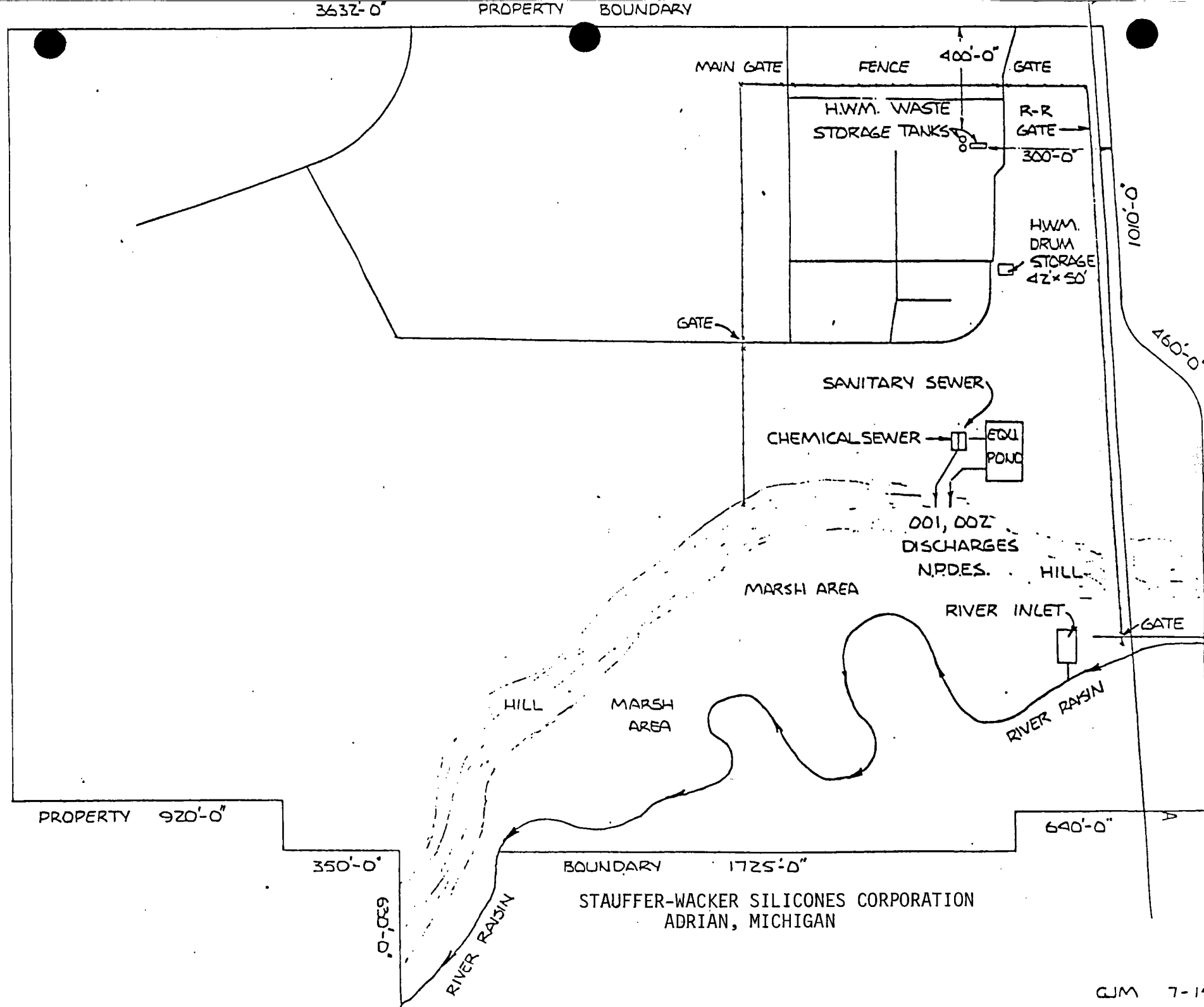
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Figure 1

2660'-0" PROPERTY BOUNDARY



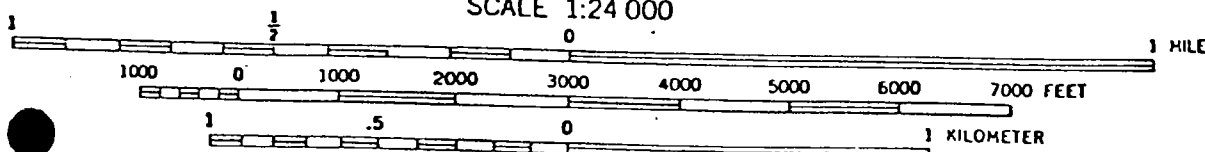
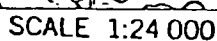
STAUFFER-WACKER SILICONES CORPORATION
ADRIAN, MICHIGAN

GJM 7-15-82

Submitted
Date: 4/15/86
Revision No.: 2

NW/4 BLISSFIELD 12' QUADRANGLE

⑧ DRINKING WELLS
AT RESIDENCES
26 WELLS



SWS RCRA Plan,
Revised

LOCATION MAP

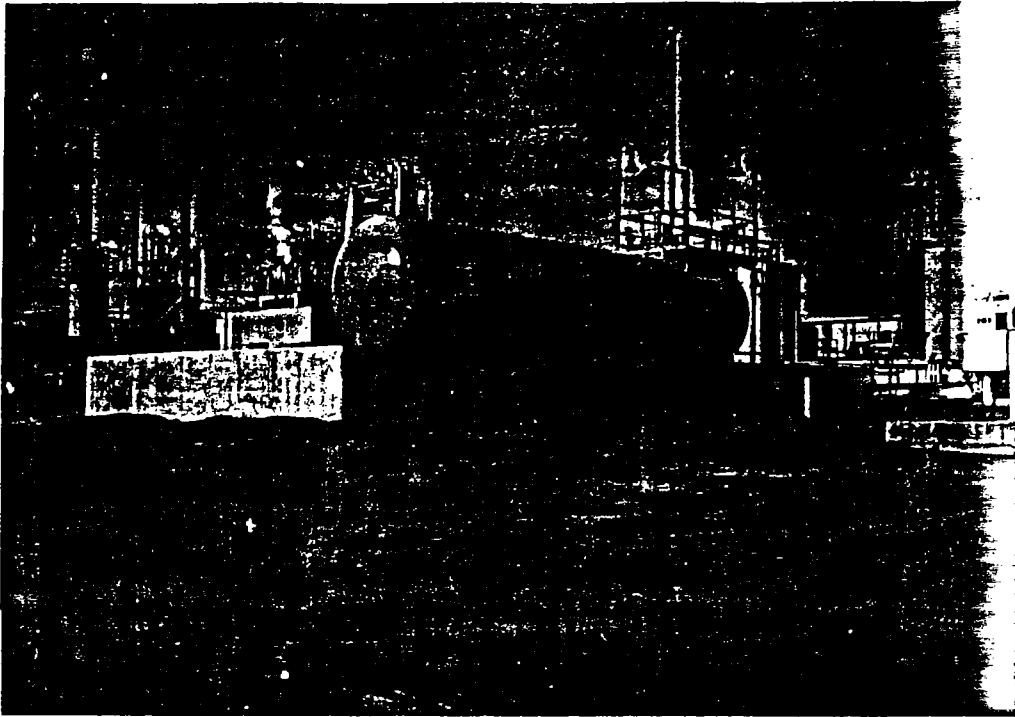
STAUFFER-WACKER SILICONES CORPORATION ADRIAN, MICHIGAN
THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS



Covered Waste Tank T-101

July 13, 1982

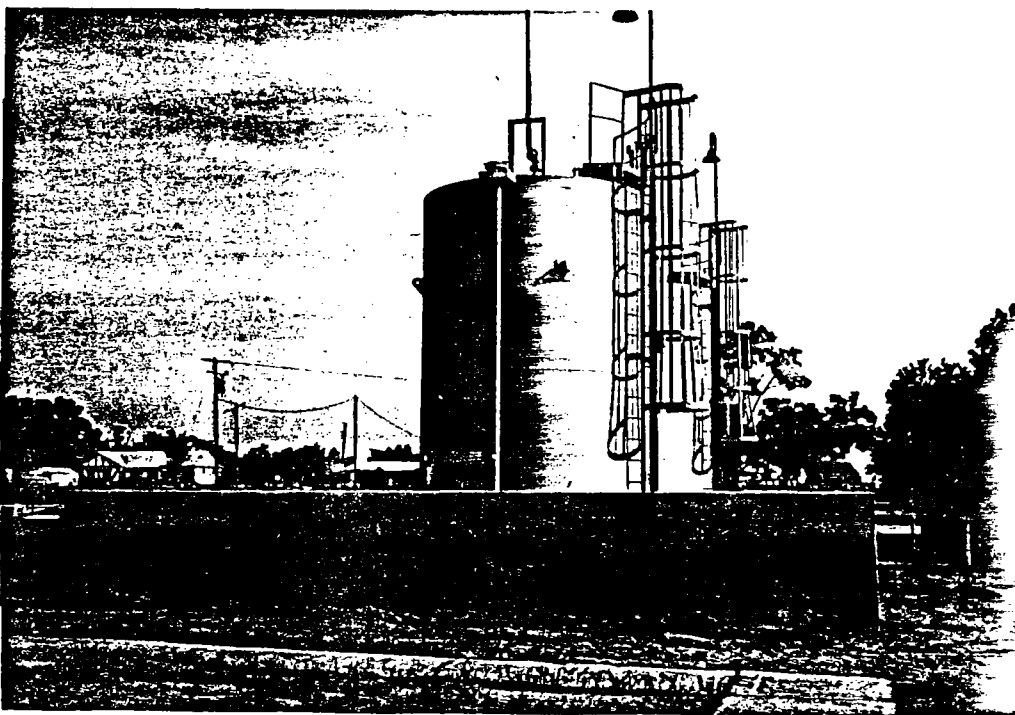
Figure 3



Covered Waste Tanks T-105, T-108

July 13, 1982

Figure 4



STAUFFER-WACKER SILICONES CORPORATION
Covered Waste Drum Storage

January 4, 1983

Figure 5

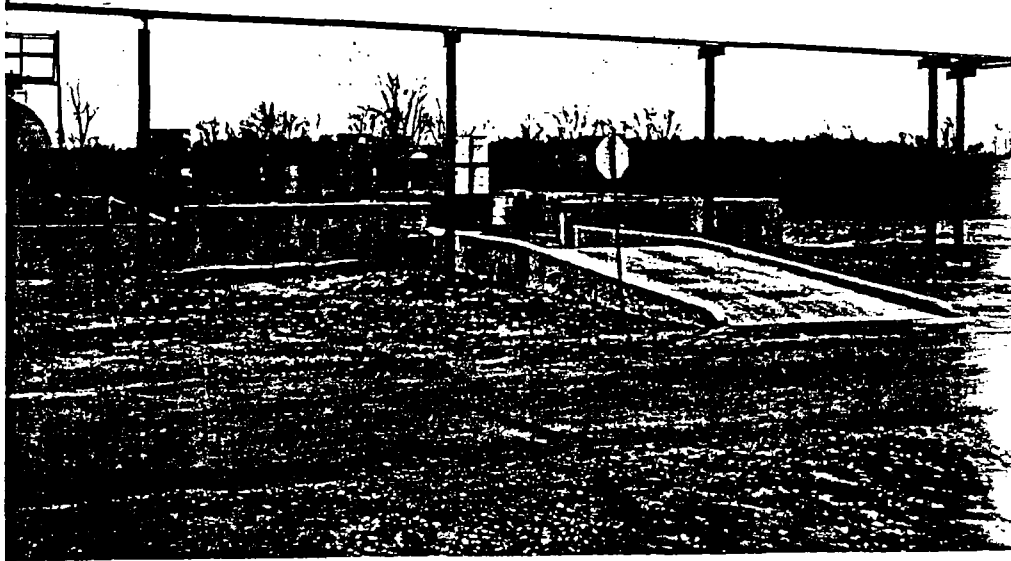
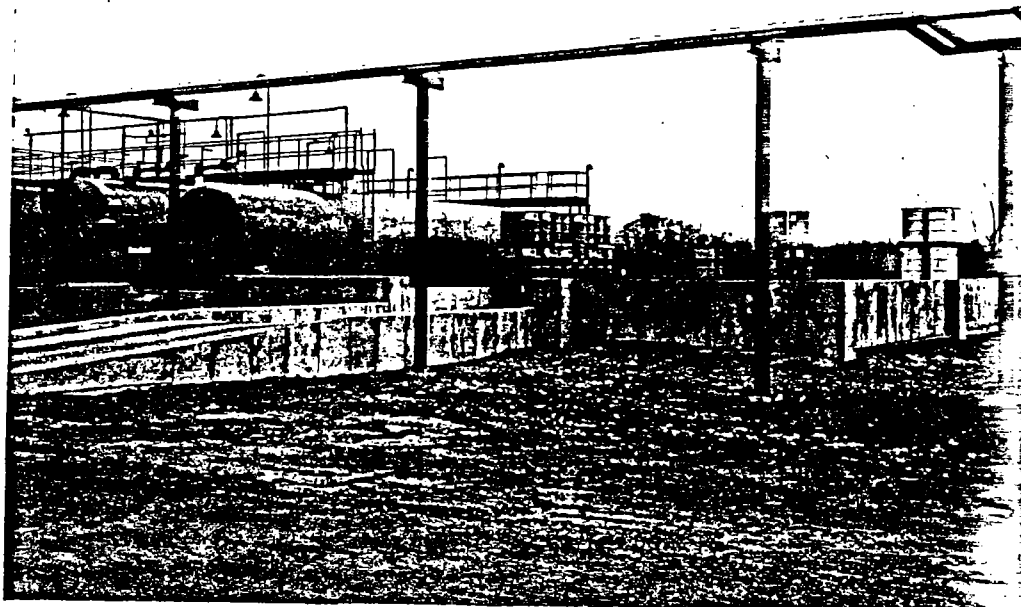


Figure 6





Stauffer-Wacker
Silicones Corporation

3301 SUTTON ROAD
ADRIAN, MI 49221-9397
(517) 263-5711

March 13, 1986

RECEIVED

MAR 17 1986

SWS - AIS
U.S. EPA, REGION V

U.S. EPA, Region V
RCRA Activities
P.O. Box A3587
Chicago, Illinois 60690

Re: MID075400671

Dear Sir:

This letter is to notify you that SWS Silicones Corporation has changed its name. Please make a note that we are now known as Stauffer-Wacker Silicones Corporation.

Our corporation is still a joint venture of Stauffer Chemical Company and Wacker-Chemie, GMBH.

Yours truly,

STAUFFER-WACKER SILICONES CORPORATION

Gordon C. Philbrook
Environmental Control Coordinator

GCP:pb

86-37

COPY 2

Called Co. to
advise to send
amended part A
for name change
4/2/86 J.V.

FORM 1
GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

I. EPA I.D. NUMBER

F M I D 0 7 5 4 0 0 6 7 1

Submitted 4/15/86
 Revision No: 2
 A

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X*			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 **SKIP** **STAUFFER-WACKER SILICONES CORPORATION**

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title) **B. PHONE (area code & no.)**

2 **CALAMUNGI, JOSEPH, DIR. OF MANU** **517 263 5711**

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX **B. CITY OR TOWN** **C. STATE** **D. ZIP CODE**

3 **3301 SUTTON ROAD** **ADRIAN** **MI** **49221**

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER **B. COUNTY NAME** **C. CITY OR TOWN** **D. STATE** **E. ZIP CODE** **F. COUNTY CODE (if known)**

5 **SAME** **LENAWEE** **MI** **49221** **49**

* See Attachment A

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify) 2 8 2 1										(specify) 7 2 8 2 2									
SILICONE MATERIALS										SILICONE RUBBER									
C. THIRD										D. FOURTH									
(specify) 7 2 8 9 1										(specify) 7 2 8 6 9									
SILICONE SEALANTS										SILICONE FLUIDS									

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?	
STAUFFER-WACKER SILICONES CORPORATION																														<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)														
F - FEDERAL M - PUBLIC (other than federal or state) S - STATE O - OTHER (specify) P - PRIVATE															P (specify) A 5 1 7 2 6 3 5 7 1 1														

E. STREET OR P.O. BOX																													
3301 SUTTON ROAD																													

F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
B A D R I A N															M I					4 9 2 2 1					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N M I 0 0 2 6 0 3 4															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R M I D 0 7 5 4 0 0 6 7 1															(specify)														

See Attachment B

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of Silicone Products, including Fluids, Sealants, Rubbers and Emulsions.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
F. Lengnick President															<i>F. Lengnick</i>															4/15/86									

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																													

Submitted
Date: 4/15/86
Revision No. 2
A

STAUFFER -WACKER SILICONES CORPORATION

Attachment A

There may be rain runoff discharges possibly subject to NPDES requirements. The extent to which such storm water discharges should be subject to permitting requirements is presently under discussion with EPA.

STAUFFER-WACKER SILICONES CORPORATION

Attachment B

Michigan Air Permits

210-75

211-75

441-75

375-76

957-79

37-81

84-81

257-81

494-81

597-81

628-81

658-81

777-81

184-82

337-82

383-82

486-82

525-82

240-83

FORM
3
RCRAU.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

FMID075400671

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS Submitted 4/15/86

Revision No. 2

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY
8	6	5

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS☒ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S02	200	G		5				
X-2	T03	20	E		6				
1	S01	44,000	G		7				
2	S02	55,000	G		8				
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Submitted 4/15/86

Revision 2

A

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W M I D 0 7 5 4 0 0 6 7 1													W DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
W Z O Z	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																	
1	F 0 0 2	550,000	P	S 0 1	S 0 2																				
2	F 0 0 2	20,000	P	S 0 1																					
3	F 0 0 3	30,000	P	S 0 1																					
4	E 0 0 3	40,000	P	S 0 1	S 0 2																				
5	D 0 0 1	544,000	P	S 0 1	S 0 2																				
6	D 0 0 2	140,000	P	S 0 1																					
7	D 0 0 1											included with above													
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
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19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

Submitted 4/15/86

Revision No. 2

A

EPA I.D. NO. (enter from page 1)

F	M	I	D	0	7	5	4	0	0	6	7	1	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

41 56 48 N

83 57 13 W

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

G. F. Lengnick



4/15/86

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

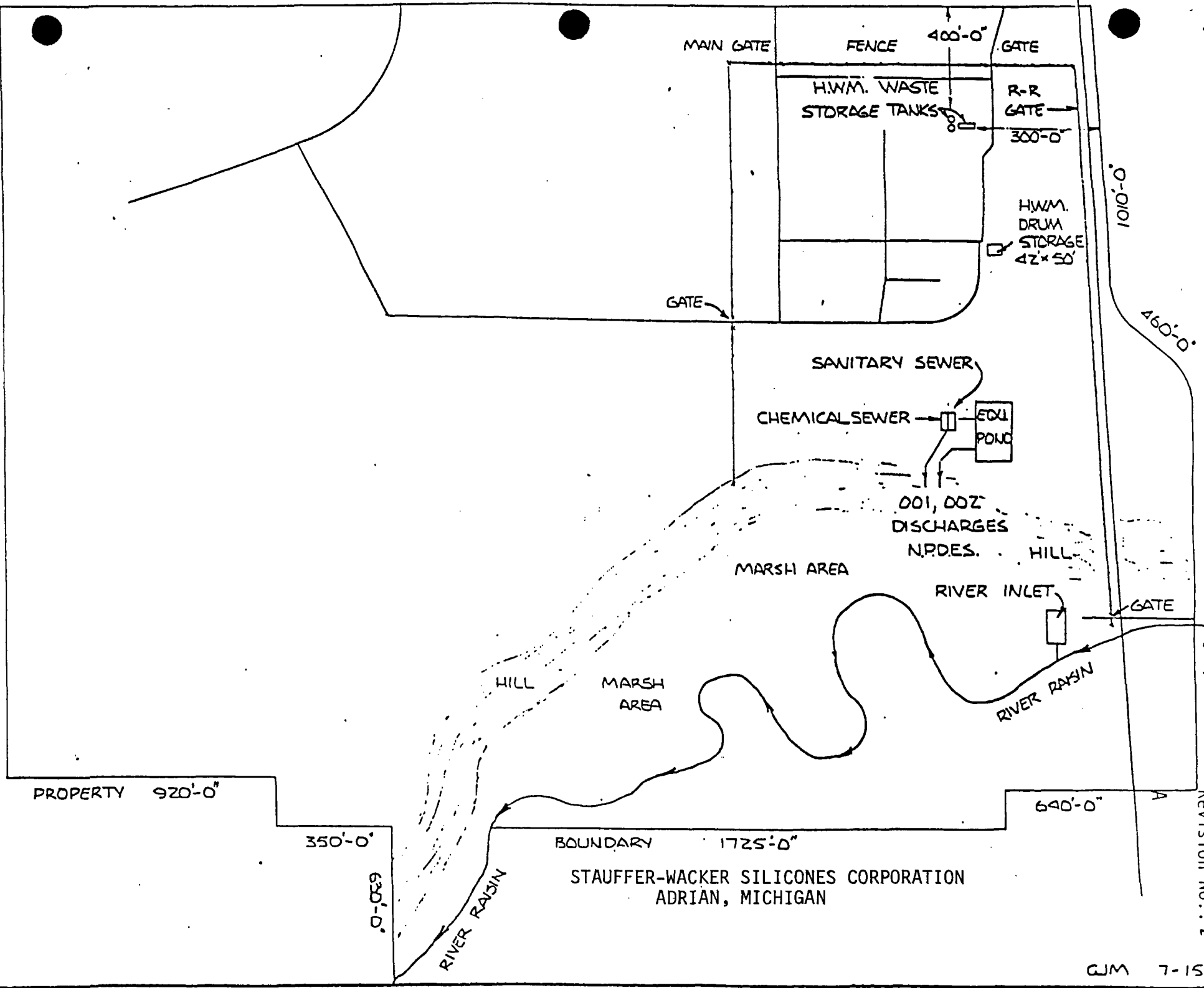
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Figure 1

2660'-0" PROPERTY BOUNDARY

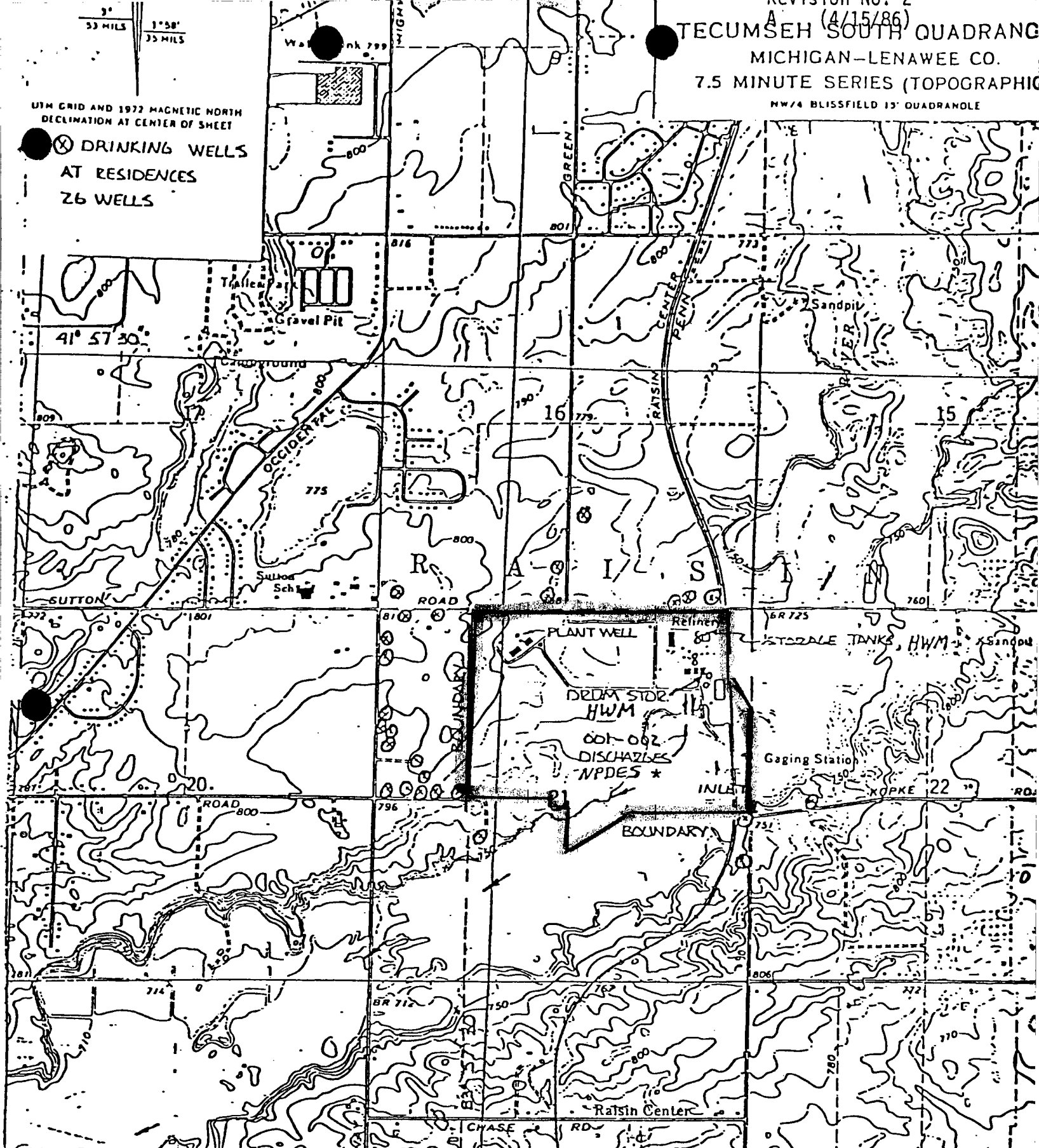


STAUFFER-WACKER SILICONES CORPORATION
ADRIAN, MICHIGAN

Submitted
Date: 4/15/86
Revision No.: 2

NW/4 BLISSFIELD 15' QUADRANGLE

⊗ DRINKING WELLS
AT RESIDENCES
26 WELLS



1 MILE

SWS RCRA Plan,
Revised


CONTOUR INTERVAL 10 FEET
DOTTED LINES REPRESENT 5-FOOT CONTOURS
NATIONAL GEODETIC VERTICAL DATUM OF 1929

Figure 2

LOCATION MAP

STAUFFER-WACKER SILICONES CORPORATION ADRIAN, MICHIGAN

ER-WACKER SILICONES CORPORATION ADRIAN, MICH
THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS



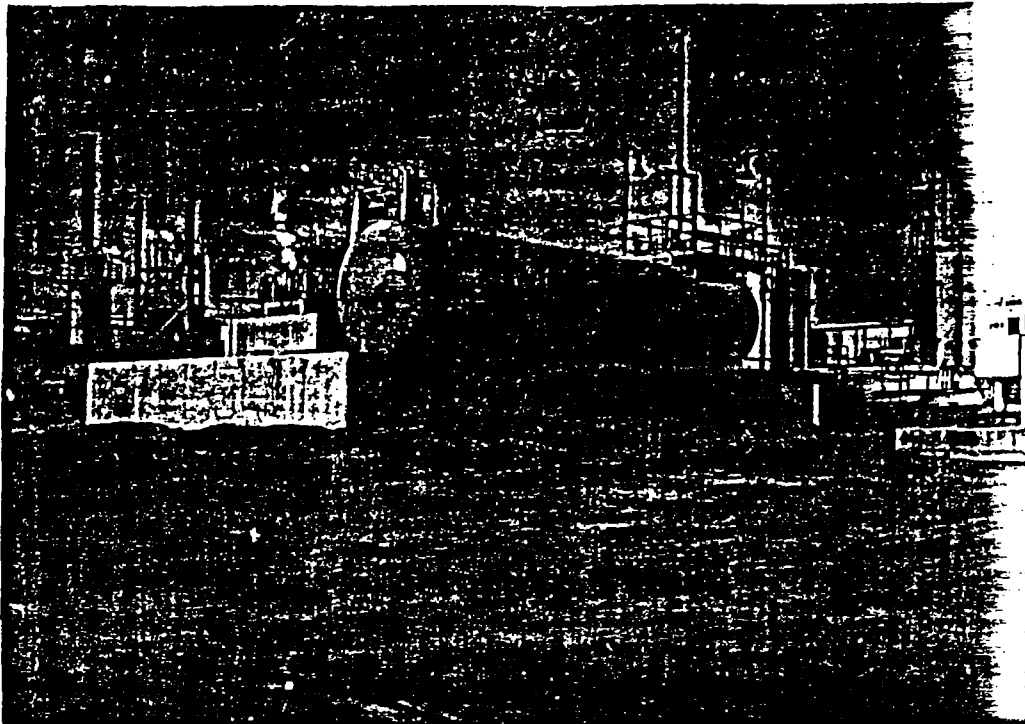
 MICHIGAN

 QUADRANGLE LOCATION

Covered Waste Tank T-101

July 13, 1982

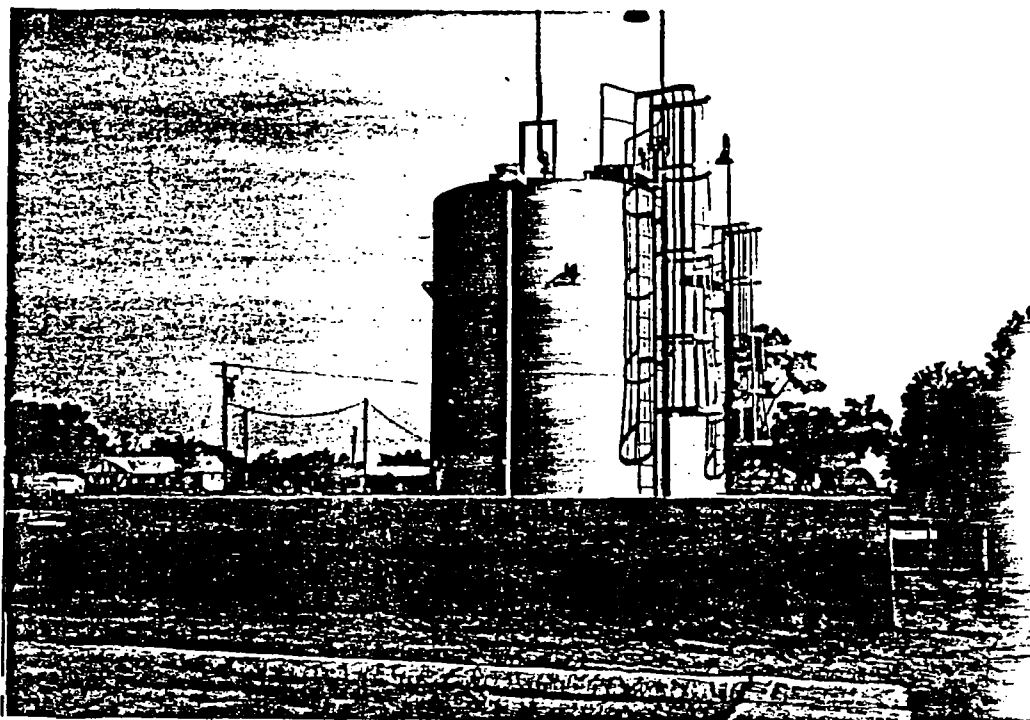
Figure 3



Covered Waste Tanks T-105, T-108

July 13, 1982

Figure 4



STAUFFER-WACKER SILICONES CORPORATION
Covered Waste Drum Storage

January 4, 1983

Figure 5

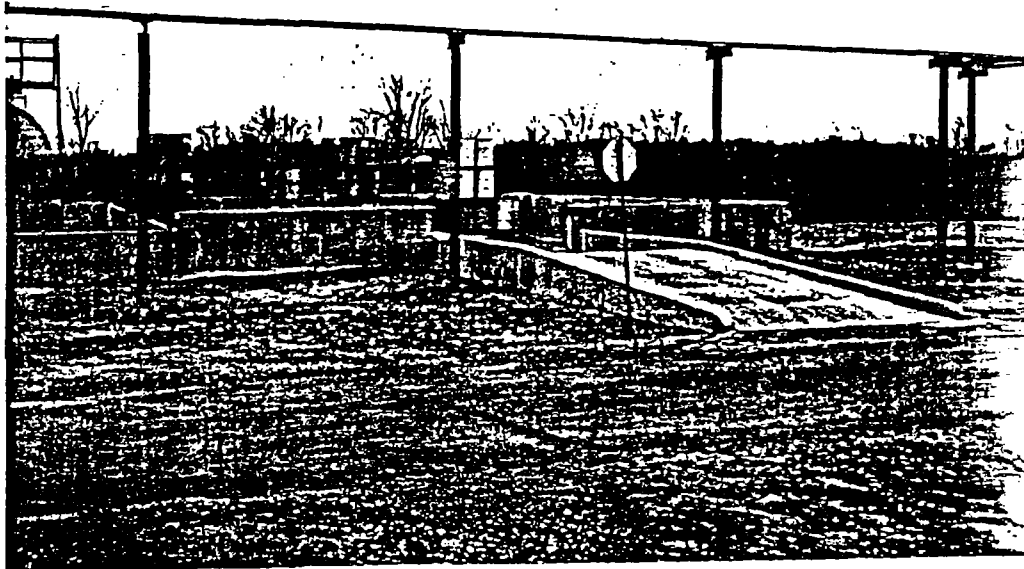
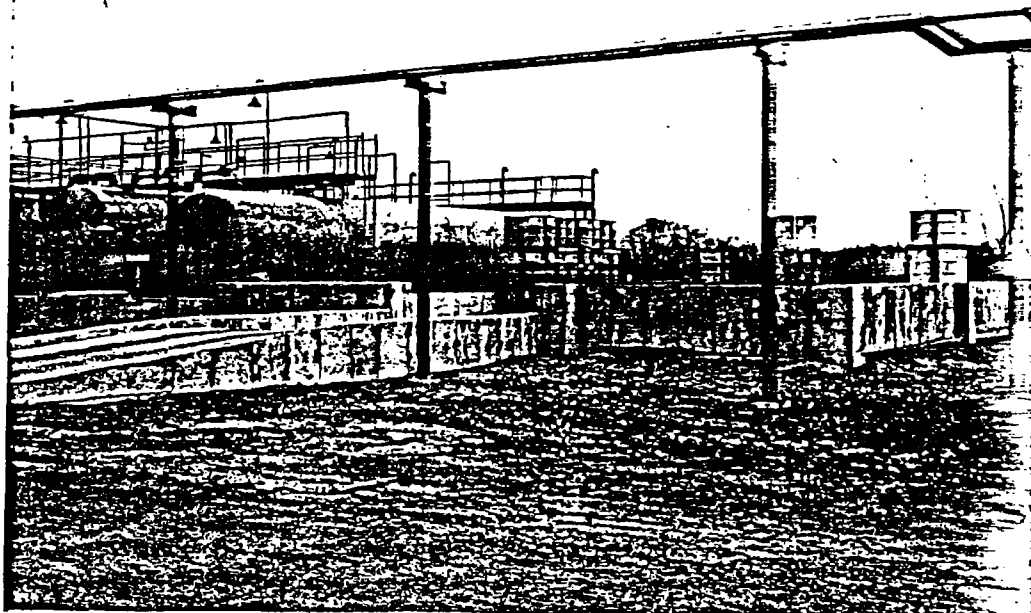


Figure 6



SWS Silicones Corporation

ADRIAN, MICHIGAN 49221 • TELEPHONE (517) 263-5711

March 3, 1981

Ms. Melanie Toepfer
Region V, U. S. Environmental Protection Agency
Water and Hazardous Materials
Enforcement Branch
230 South Dearborn Street
Chicago, Illinois 60604

Re: Your letter of 2-13-81

Dear Ms. Toepfer:

In your discussion of our company having two EPA identification numbers, you said it would be preferable to use the second issued number (MID 075 400 671) since that number was currently entered in your computer system.

However, since receiving the first issued number (MID 000 268 524) last September, we have supplied the number to numerous companies, such as waste haulers and waste disposers, and to many files in our own company. Therefore, we would prefer using the first number.

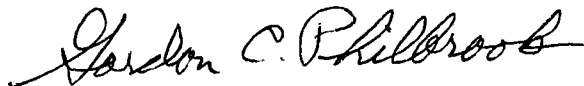
Would you please make the arrangements to have the computer number changed back to our first number.

Would the final identification number be the same as our first number except with a "T" replacing the "D"? This would be advantageous to us.

Your assistance in this matter would be appreciated.

Yours truly,

SWS SILICONES CORPORATION



Gordon C. Philbrook
Environmental Control Coordinator

GCP:pb

81-49-GCP, Certified mail

cc: G. L. Ford (Westport)
J. Calamungi
RCRA/NPDES file

RECEIVED

MAR 6 1981

ENFORCEMENT DIVISION
EPA-REGION V

FORM 1 GENERAL	 EPA	ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F M I D 0 0 0 2 6 8 5 2 4 </div>																																																					
II. POLLUTANT CHARACTERISTICS <p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK "X"</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK "X"</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td>X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td>X*</td> <td></td> <td></td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td>X</td> <td></td> <td>X</td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td>X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td>X</td> <td></td> <td>J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>		SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"			YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED	A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. 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Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>
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III. NAME OF FACILITY			
1	SKIP	SWS SILICONES CORPORATION	
IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	CALAMUNGI JOSEPH, DIR OF MANUF	517	263 5711
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3	SUTTON ROAD		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4	ADRIAN	MI	49221
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	SAME		
B. COUNTY NAME			
LEN A WEE			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6	F. COUNTY CODE (if known)		

*SEE ATTACHMENT A

VII. SIC CODES (4-digit, in order of priority)		B. SECOND	
1	2.8.2.1 (specify) SILICONE MATERIALS	2	2.8.2.2 (specify) SILICONE RUBBER
C. THIRD		D. FOURTH	
3	2.8.9.1 (specify) SILICONE SEALANTS	4	2.8.6.9 (specify) SILICONE FLUIDS

VIII. OPERATOR INFORMATION		E. IS THE NAME Listed in Item VIII-A also the owner?	
1 SWS SILICONES CORPORATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter in the box. Use "Other" specify.)		D. PHONE (area code & no.)	
FEDERAL STATE PRIVATE M - PUBLIC (other than federal or state) O - OTHER (specify)		517 263 5711	
E. STREET OR P.O. BOX			
SUTTON ROAD			
F. CITY OR TOWN		G. STATE H. ZIP CODE	
ADRIAN		MI 49221	
		I. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS	
A. NPDES (Discharges to Surface Water)	D. PCB (Discharges from Proposed Sources)
9 N	9 P
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U	M I D 0 0 2 6 0 3 4 (specify) MICH. NPDES PERMIT
C. RCRA (Hazardous Waste)	F. OTHER (specify)
9 R	(specify) SEE ATTACHMENT B

XI. MAP	
Attach to this application a comprehensive map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.	
XII. NATURE OF BUSINESS (provide a brief description)	

MANUFACTURE OF SILICONE PRODUCTS, INCLUDING FLUIDS, EMULSIONS, SEALANTS AND RUBBERS.

XIII. SIGNATURE AND TITLE		XIV. DATE SIGNED	
A. NAME & OFFICIAL TITLE (type or print) L. B. Bruner Vice President and General Manager		B. SIGNATURE <i>L. B. Bruner</i>	
		C. DATE SIGNED Nov. 18 1980	

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	EPA I.D. NUMBER MID075400671	T/A 1
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FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)													
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/>													
<table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td>8</td><td>5</td><td>21</td></tr></table>	YR.	MO.	DAY	8	5	21	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	<table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td></td><td></td><td></td></tr></table>	YR.	MO.	DAY				FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN
YR.	MO.	DAY													
8	5	21													
YR.	MO.	DAY													

<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
--	---

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT		
	S04	GALLONS OR LITERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
Disposal:				T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
		UNIT OF MEASURE CODE			UNIT OF MEASURE CODE
GALLONS		G	ACRE-FEET		A
LITERS		L	HECTARE-METER		F
CUBIC YARDS		Y	ACRES		B
CUBIC METERS		C	HECTARES		Q
GALLONS PER DAY		U			
LITERS PER DAY		V			
TONS PER HOUR		D			
METRIC TONS PER HOUR		W			
GALLONS PER HOUR		E			
LITERS PER HOUR		H			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C										DUP										T/A C																			
1										13										14										15									
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY		LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY																													
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)					1. AMOUNT	2. UNIT OF MEASURE (enter code)																														
X-1	S 0 2	600	G			5																																	
X-2	T 0 3	20	E			6																																	
1	S 0 1	65,000	G			7																																	
2	S 0 2	55,000	G			8																																	
3	T 0 1	8,000	U			9																																	
4						10																																	

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY															
M 1007 540067 1										DUP															
V. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																		
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1	F	0	0	2	550,000	P			S	0	1	S	0	2											
2	F	0	0	2	20,000	P			S	0	1														
3	F	0	0	3	30,000	P			S	0	1														
4	F	0	0	3	40,000	P			S	0	1	S	0	2											
5	D	0	0	1	380,000	P			T	0	1														
6	D	0	0	1	464,000	P			S	0	1	S	0	2											
7	D	0	0	2	140,000	P			S	0	1														
8	D	0	0	1																					
9	D	0	0	2	240,000	P			T	0	1														
10																									
11																									
12																									
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21																									
22																									
23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

F M1D075400671

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas, and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

41 56 48 N

LONGITUDE (degrees, minutes, & seconds)

83 57 13 W

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E		F	
15 16		15 16	
3. STREET OR P.O. BOX		4. CITY OR TOWN	
5. ST.		6. ZIP CODE	
G		H	
15 16		15 16	

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

L. B. Bruner

B. SIGNATURE



C. DATE SIGNED

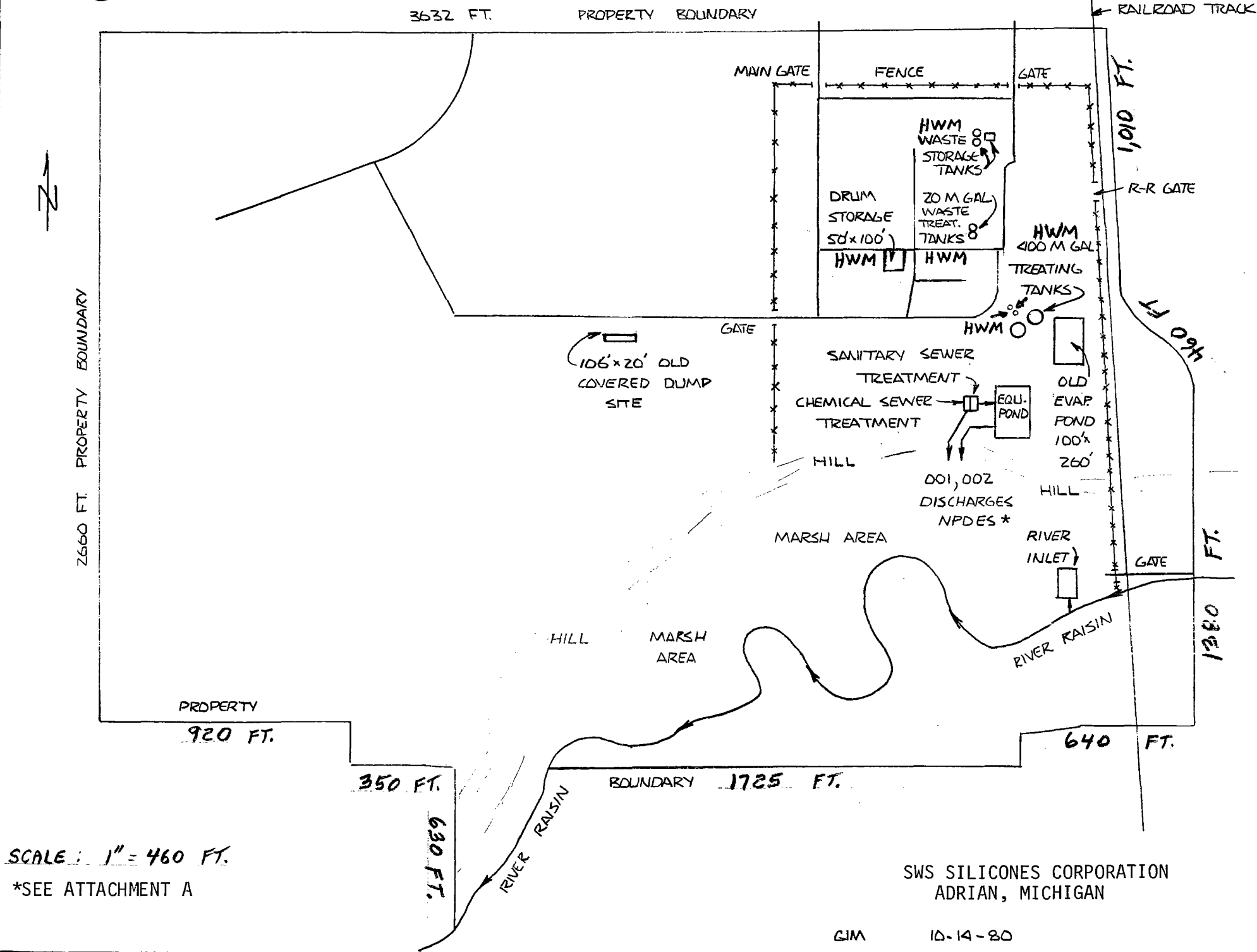
Nov. 18
1980**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



SWS Silicones Corporation

ADRIAN, MICHIGAN 49221 • TELEPHONE (517) 263-5711

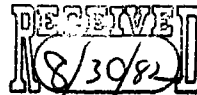
August 27, 1982

U. S. Environmental Protection Agency
Region V
RCRA Activities
P. O. Box A3587
Chicago, Illinois 60690

RECEIVED

AUG 30 1982

WASTE MANAGEMENT BRANCH
EPA, REGION V



Dear Sir,

In reference to your June, 1982 letter, SWS Silicones Corporation (U. S. EPA I.D. #075400671) has met the requirements of 40 CFR Part 122.23, and has been acknowledged to operate under interim status.

Attached is the revised RCRA application for a hazardous waste permit which includes the following:

EPA Consolidated Permit Application Form 1
EPA Consolidated Permit Application Form 3

The major changes from the 1980 RCRA Application are:

1. Elimination of treatment tanks, because these are part of the waste wash-water, NPDES system.
2. Addition of a new drum pad; deletion of the old drum pad.

Please confirm upon receipt of this permit application-revision. If you have any questions regarding this submittal, please contact us.

Sincerely yours,

SWS SILICONES CORPORATION

Gordon C. Philbrook
Environmental Control Coordinator

GCP:pb 82-05-HK, certified

cc: J. Calamungi
W. P. Pagano

Note:
G, TSD, PA

DIKT

U.S. ENVIRONMENTAL PROTECTION AGENCY

EPA I.D. NUMBER

FORM



GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

F M I D 07 5 4 0 0 6 7 1

GENERAL

LABEL ITEMS

GENERAL INSTRUCTIONS

EPA I.D. NUMBER

MID 075 400 671

FACILITY NAME

SWS SILICONES CORPORATION

FACILITY MAILING ADDRESS

Adrian, Michigan 49221-9355

FACILITY LOCATION

Sutton Road

Adrian, Michigan 49221-9355

RECEIVED

AUG 30 1982

WASTE MANAGEMENT BRANCH
EPA REGION V

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, II, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X*			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production. Inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

SKIP SWS SILICONES CORPORATION

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

B. PHONE (area code & no.)

CALAMUNGI, JOSEPH, DIR OF MANU 517 263 5711

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

SUTTON ROAD

B. CITY OR TOWN

C. STATE

D. ZIP CODE

ADRIAN

MI

49221

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

SAME

*See Attachment A

B. COUNTY NAME

LENAAWEE

C. CITY OR TOWN

D. STATE

E. ZIP CODE

F. COUNTY CODE (if known)

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
7 2 8 2 1 (specify)	SILICONE MATERIALS	7 2 8 2 2 (specify)	SILICONE RUBBER
C. THIRD		D. FOURTH	
7 2 8 9 1 (specify)	SILICONE SEALANTS	7 2 8 6 9 (specify)	SILICONE FLUIDS

VIII. OPERATOR INFORMATION

B. S.W.S. SILICONES CORPORATION		Is the name listed in Item VIII-A also the owner's?	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate code)		D. AREA CODE & NO.	
FEDERAL M PUBLIC (other than Federal or State) STATE S PRIVATE P OTHER (specify) P		5 1 7 2 6 3 5 7 1 1	
E. STREET OR P.O. BOX			
SUTTON ROAD			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
ADRIAN		MI	4 9 2 2 1
		IX. INDIAN LAND	
		Is the facility located on Indian land?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL REPORTS

A. AIR (Discharges to Air (see Water))		D. FISH (Air Emissions from Proposed Sources)	
M, I, 0, 0, 2, 6, 0, 3, 4		9 P	
C. GIC (Underground Injection of Fluids)		E. OTHER (specify)	
		(specify)	
F. RCRA (Hazardous Wastes)		E. OTHER (specify)	
M, I, D, 0, 7, 5, 4, 0, 0, 6, 7, 1		(specify)	
		See Attachment B	

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE OF SILICONE PRODUCTS, INCLUDING FLUIDS, EMULSIONS, SEALANTS AND RUBBERS.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
L. B. Bruner Vice President and General Manager		8/19/82

SWS SILICONES CORPORATION

Attachment A

There may be rain runoff discharges possibly subject to NPDES requirements. The extent to which such storm water discharges should be subject to permitting requirements is presently under discussion with EPA.

SWS SILICONES CORPORATION

Attachment B

Michigan Air Permits

210-75

211-75

441-75

375-76

957-79

37-81

84-81

257-81

494-81

597-81

628-81

658-81

777-81

184-82

(iii) - in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM
3
RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

EPA I.D. NUMBER

F M I D O 7 5 4 0 0 6 7 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24 25 26 27 28 29

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK		
SURFACE IMPOUNDMENT	T01	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T02	GALLONS PER DAY OR LITERS PER DAY
	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
	T04	GALLONS PER DAY OR LITERS PER DAY

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-Feet	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

T/A C
1

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)				1. AMOUNT	2. UNIT OF MEA- SURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	44,000	G		7				
2	S 0 2	55,000	G		8				
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "104"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. ZZ	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY									
W M I D 0 7 5 4 0 0 6 7 1													W DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																						
EN T R Y N O. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES											
											1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	F	0	0	2	550,000				P		S	0	1	S	0	2						
2	F	0	0	2	20,000				P		S	0	1									
3	F	0	0	3	30,000				P		S	0	1									
4	F	0	0	3	40,000				P		S	0	1	S	0	2						
5	D	0	0	1	544,000				P		S	0	1	S	0	2						
6	D	0	0	2	140,000				P		S	0	1									
7	D	0	0	1													INCLUDED WITH ABOVE					
8																						
9																						
10																						
11																						
12																						
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16																						
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19																						
20																						
21																						
22																						
23																						
24																						
25																						
26																						

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	M	I	D	0	7	5	4	0	0	6	7	1	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

41 56 48 N

LONGITUDE (degrees, minutes, & seconds)

83 57 13 W

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

L. B. Bruner

B. SIGNATURE



C. DATE SIGNED

8/19/82

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

2660'-0" PROPERTY BOUNDARY

3632'-0"

PROPERTY BOUNDARY

RAILROAD TRACK

MAIN GATE

FENCE

GATE

400'-0"

H.W.M. WASTE
STORAGE TANKS

R-R
GATE

300'-0"

H.W.M.
DRUM
STORAGE
42'x50'

GATE

106'x20' OLD COVERED
DUMP SITE

SANITARY SEWER

CHEMICAL SEWER

EQU.
POND

OLD
EVAP.
POND
100'x
260'

001, 002
DISCHARGES
NPDES.

MARSH AREA

HILL

RIVER INLET

GATE

RIVER BASIN

HILL

MARSH
AREA

PROPERTY 920'-0"

350'-0"

620'-0"

BOUNDARY

1725'-0"

640'-0"

0'-081

0'-001

460'-0"

SWS SILICONES CORPORATION
ADRIAN, MICHIGAN

GJM 7-15-82

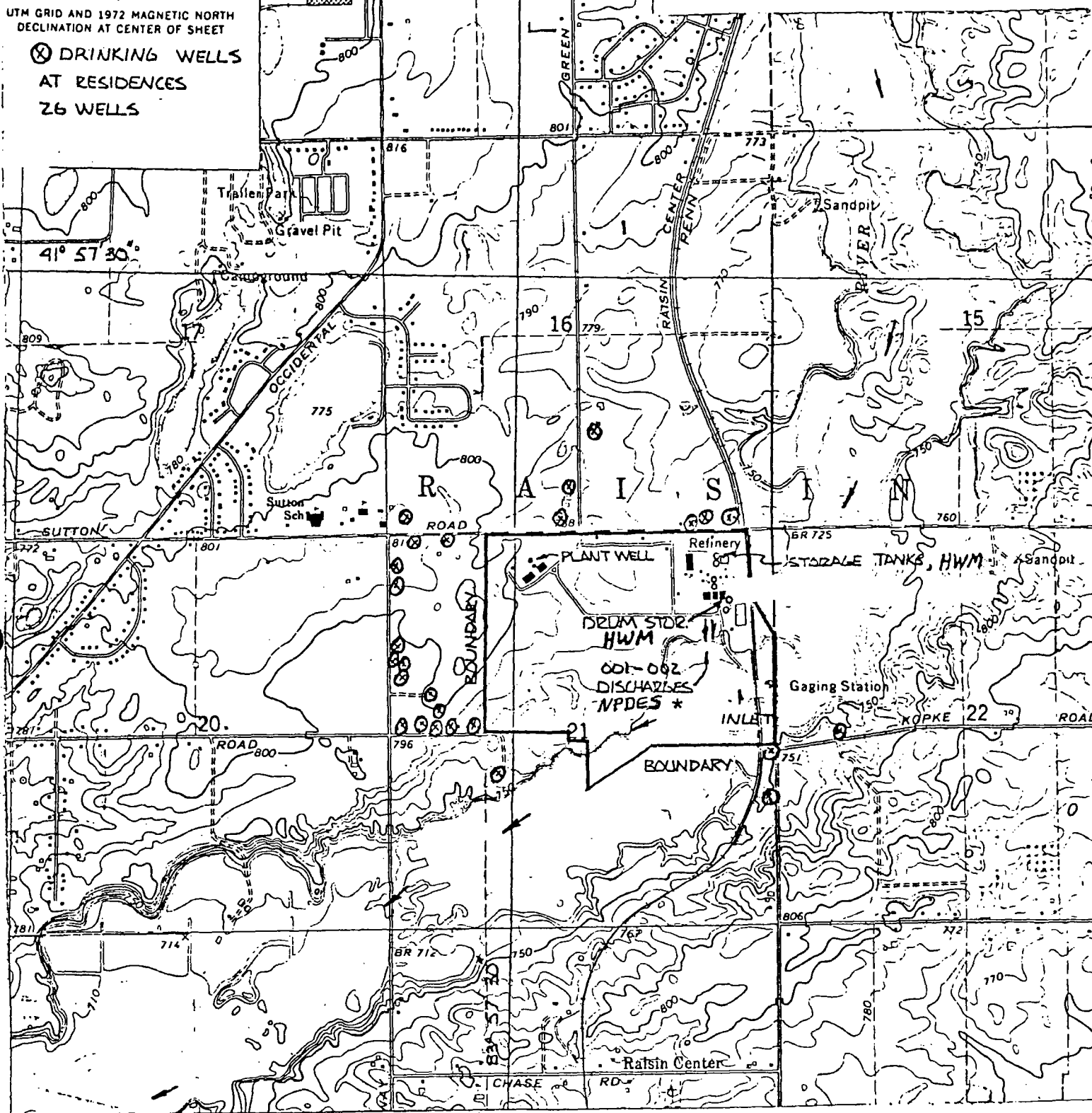
Continued from page 4.
V. FACILITY DRAWING (see page 4)

3" 53 MILS
1" 58' 35 MILS

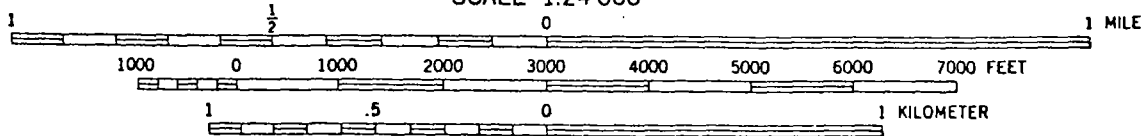
UTM GRID AND 1972 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

⊗ DRINKING WELLS
AT RESIDENCES
26 WELLS

TECUMSEH SOUTH QUADRANGLE
MICHIGAN-LENAWEE CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)
NW/4 BLISSFIELD 15' QUADRANGLE



SCALE 1:24 000



CONTOUR INTERVAL 10 FEET
DOTTED LINES REPRESENT 5-FOOT CONTOURS
NATIONAL GEODETIC VERTICAL DATUM OF 1929

LOCATION MAP

SWS SILICONES CORPORATION ADRIAN MICHIGAN

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY REGIONAL WORKING MAPS

SWS RCRA Plan,
Revised July 13, 1982



SWS SILICONES CORPORATION

Covered Waste Tank T-101

July 13, 1982



Covered Waste Tanks T-105, T-108

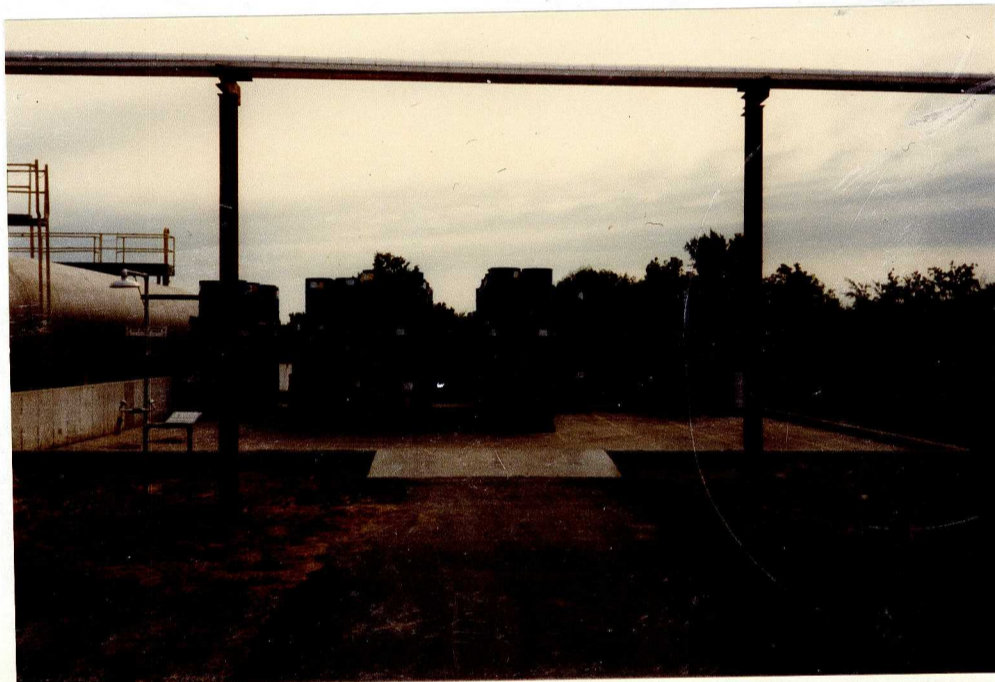
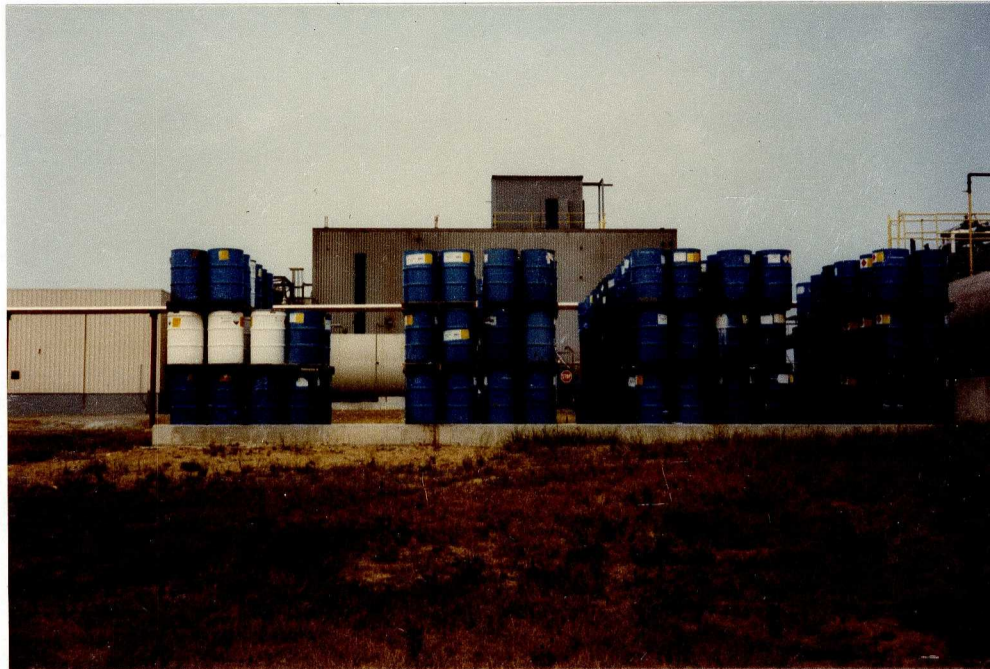
July 13, 1982



SWS SILICONES CORPORATION

Covered Waste Drum Storage

August 19, 1982



144
SWS Silicones Corporation

ADRIAN, MICHIGAN 49221 • TELEPHONE (517) 263-5711

November 18, 1980

U.S. Environmental Protection Agency
Region V
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

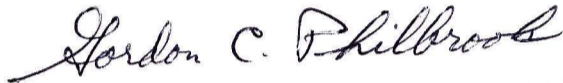
Dear Sir:

In accordance with 40 CFR Part 122, Consolidated Permits Program, enclosed is the RCRA Part A permit application for the hazardous waste management facility at our Adrian, Michigan location.

Please confirm, at your earliest convenience, receipt of this permit application. If you have any questions regarding this submittal, please contact us.

Sincerely,

SWS SILICONES CORPORATION



Gordon C. Philbrook
Environmental Control Coordinator

GCP:pm

SWS SILICONES CORPORATION

ATTACHMENT A

There may be rain runoff discharges possibly subject to NPDES requirements. The extent to which such storm water discharges should be subject to permitting requirements is presently under discussion with EPA.

SWS SILICONES CORPORATION

ATTACHMENT B

MICHIGAN AIR PERMITS

210-75

211-75

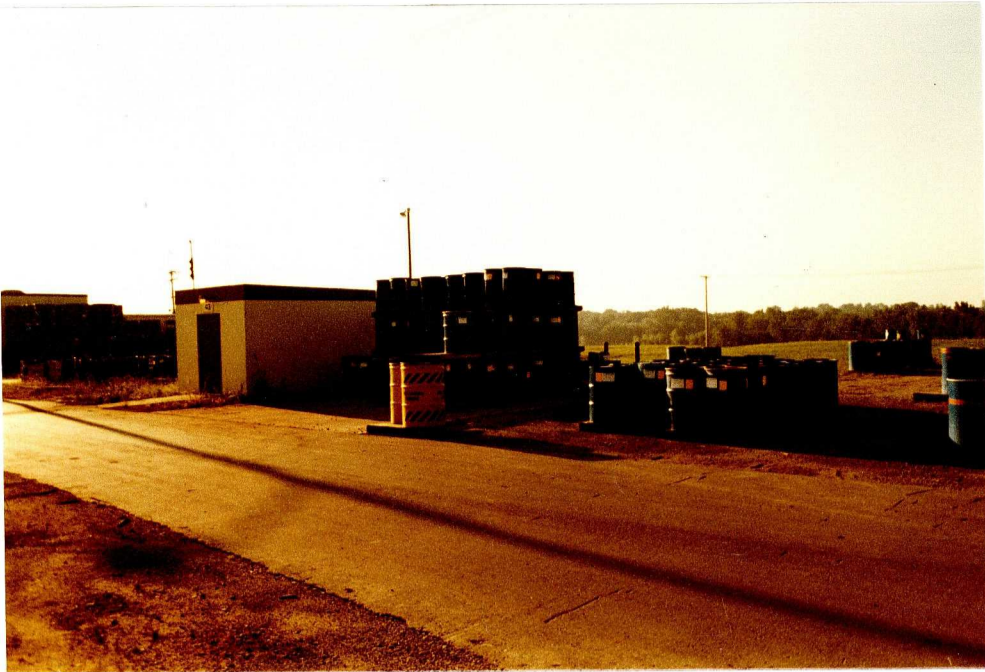
441-75

375-76

957-79

SWS SILICONES CORPORATION

COVERED WASTE DRUM STORAGE
November 19, 1980



COVERED WASTE DRUM STORAGE
November 19, 1980



SWS SILICONES CORPORATION

COVERED WASTE TANK T-101
November 19, 1980

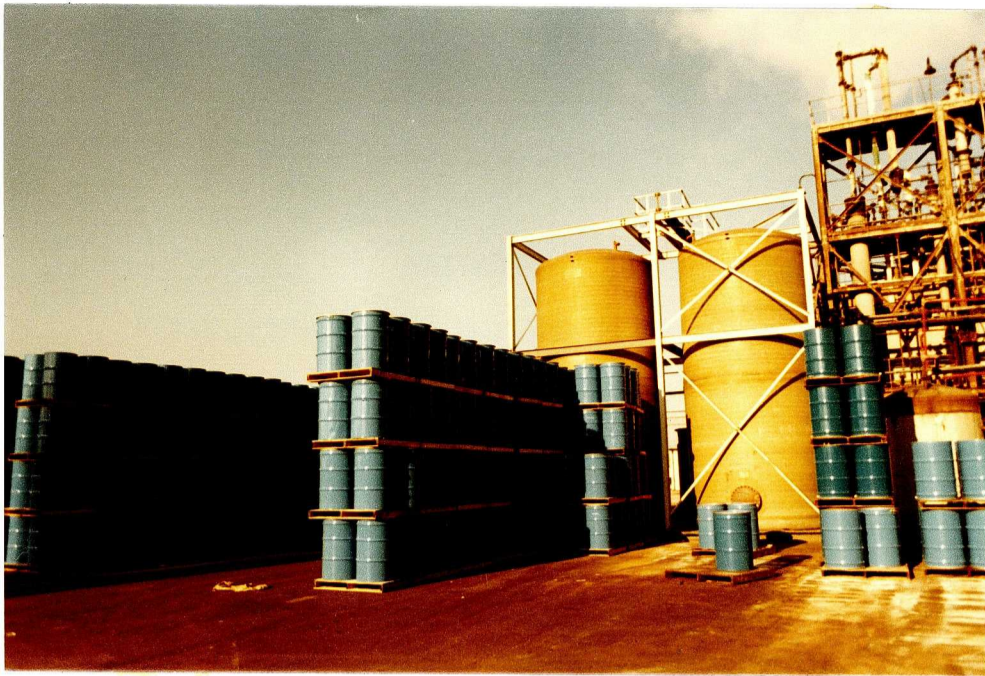


COVERED WASTE TANKS T-105, T-108
November 19, 1980



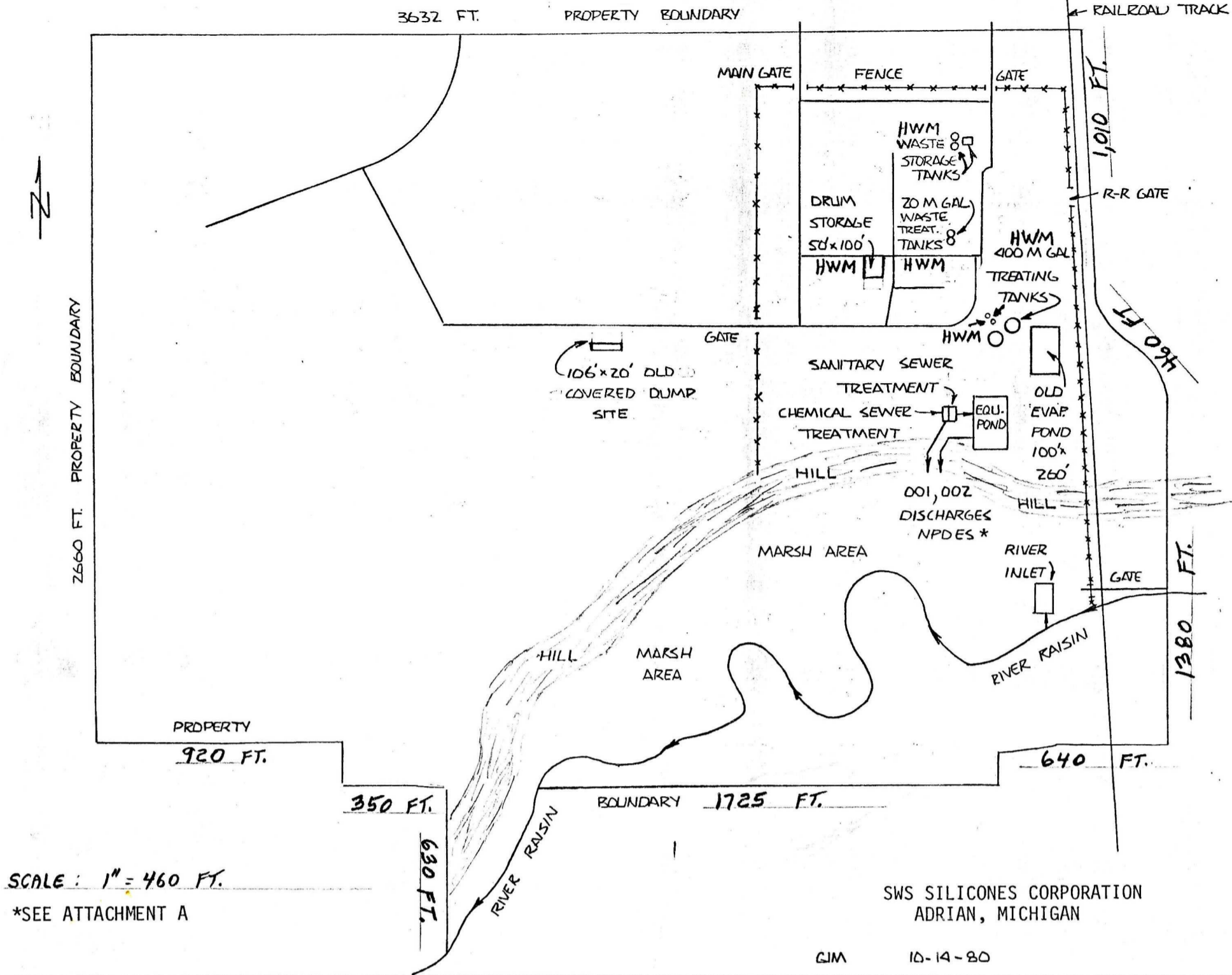
144
SWS SILICONES CORPORATION

COVERED WASTE TREATING TANKS, T-418, T-419
November 19, 1980



COVERED WASTE TREATING TANKS, T-126A, T-126B
November 19, 1980





SWS Silicones Corporation

ADRIAN, MICHIGAN 49221 • TELEPHONE (517) 263-5711

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Addendum

V. Ownership

Also partially owned by Wacker Chemical Company, Portland, Oregon.

AUG 12 1980

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SWS SILICONES CORPORATION

COVERED WASTE TANK T-101
November 19, 1980



COVERED WASTE TANKS T-105, T-108
November 19, 1980

